

IMPORTANT!!! MEDICAL HISTORY & RELEASE FORM FOR SCHOOL BAND

Western Alamance High School
1731 North NC 87
Elon, NC 27244
336-538-6020

This form must be completed and signed by the student's parent or legal guardian. The form gives a licensed physician the parent's/guardian's consent to treat a student in the case of an illness/emergency. This form must be notarized.

Student's Full Name _____
Last First Middle
Present Grade _____ Date of Birth ____/____/____ Phone: _____
Address _____ (city) _____, NC _____ (zip)

Parent/Legal Guardian _____
Last First Middle
Phone (home) _____ (work) _____ (other) _____
Relative or other responsible party: _____
Phone: _____

HEALTH HISTORY: (Please give dates where known)

Family Physician _____ Phone: _____
Allergy to Drugs (specify: Penicillin, etc) _____
Environmental Allergies (bee's pollen, strawberries, peanuts, other foods, etc) _____
Contact Lens _____ Asthma _____ Diabetes _____ Epilepsy _____ Rheumatic Fever _____ Allergy _____
Serious Health Problems _____

ANY medications student is PRESENTLY taking: _____

Is student under medical treatment at present? _____ Reason: _____

Tetanus (last injection) _____ Operation within the last year? _____
Emotional Problems _____

The above named student has my permission to participate in the activities of the school band.

I AUTHORIZE the band director of the this school, any school staff, or band chaperone to whom care of this child has been entrusted, to consent to any examination, x-ray, anesthesia, medical or surgical diagnosis or treatment and hospital care, to be rendered to my child under the supervision and on the advice of any licensed physician, surgeon or dentist to practice in the locality where such child may be.

Parent/ Legal Guardian

Sworn to an subscribed to me this _____ day of _____, 20____

(Notary Public)

My commission Expires _____

A COPY OF THE **FRONT** AND **BACK** OF THE INSURANCE CARD MUST BE ATTACHED TO THIS FORM.